CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS 2013 MAR 27 PM 3: 13

Please type or print in ink

Alifano 1. Office, Agency, or Agency Name City of Half Moon B Division, Board, Departme City Council	ау	(FIRST) (MIDDLE) M Your Position
Agency Name City of Half Moon B Division, Board, Departme City Council	Court ay	
Agency Name City of Half Moon B Division, Board, Departme City Council	ау	Your Position
City of Half Moon B Division, Board, Departme City Council		Your Position
Division, Board, Departme City Council		Your Position
City Council	nt, District, if applicable	Your Position
16.60		City Council Member
► If filing for multiple pos	itions, list below or on an attachment.	
Agency:		Position:
2. Jurisdiction of Off	ice (Check at least one box)	
☐ State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
City of Half Moon	Bay	Other
3. Type of Statement	(Check at least one box)	· · · · · · · · · · · · · · · · · · ·
December 3	covered is January 1, 2012, through 1, 2012.	Leaving Office: Date Left
-or- The period of December 3	covered is, through 1, 2012.	The period covered is January 1, 2012, through the date of leaving office.
Assuming Office: D	ate assumed	The period covered is
Candidate: Election	year and office sough	nt, if different than Part 1:
I. Schedule Summar	V	
Check applicable schedu	les or "None." ► To	otal number of pages including this cover page: 4
Schedule A-1 - Invest	Iments – schedule attached	Schedule C - Income, Loans, & Business Positions – schedule attached
	tments – schedule attached	Schedule D - Income – Gifts – schedule attached
Schedule B - Real Pr	operty - schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
	-or-	
	■ None - No reportable in	nterests on any schedule
. Verification	<u> </u>	
· vermoution		

Date Received
Official Use Only

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Plea	ase type or print in ink.					
	IE OF FILER	(LAST)		(FIRST)		(MIDDLE)
Ali	fano		Allan			<u>M</u>
1. (Office, Agency, or Co	ourt				
	Agency Name					
	City of Half Moon Bay			4		
	Division, Board, Department,	District, if applicable	-	Your Position		
	City Council			City Council M	ember	
	► If filing for multiple position	ns, list below or on an attach	ment.			
	Agency:			Position:		· ·
2.	Jurisdiction of Offic	e (Check at least one box)				
	☐ State			☐ Judge or Court Co	ommissioner (S	tatewide Jurisdiction)
	— Multi-County -	. 5		County of		
	•	ıy		_		
	[V] City of					
3.	Type of Statement (6	Check at least one box)				, , , , , , , , , , , , , , , , , , ,
		ered is January 1, 2012, thro	ugh	Leaving Office:	Date Left	
	December 31,			(Check one)		•
	The period cov December 31,	ered is/	, through	 The period continued leaving office. 		ry 1, 2012, through the date of
1	Assuming Office: Date	assumed		The period co the date of le		_/, through
1	Candidate: Election year	aran	d office sought, if	different than Part 1:		
4.	Schedule Summary					
	Check applicable schedule	s or "None."	► Total	number of pages inc	cluding this	cover page: 4
	Schedule A-1 - Investme	ents - schedule attached				ness Positions - schedule attached
i	Schedule A-2 - Investme	ents - schedule attached	[Schedule D - Income -		
1	Schedule B - Real Prop	erty - schedule attached	[Schedule E - Income -	- Gifts – Travel	Payments - schedule attached
			-or-			
		None - N	o reportable intere	sts on any schedule		
5. \	Verification					
	MAILING ADDRESS (Business or Agency Address Recom	STREET	CITY		STATE	ZIP CODE
	(business or rigerity rudiess recom	mendar - Fublic Documenty	Half Moon E	Bav	CA	94019
	DAYTIME TELEPHONE NUMBER			E-MAIL ADDRESS (OPTIONAL)		
	(650) 380-4640			aalifano@hmbcity.c	com	
		igence in preparing this stater chedules is true and complete			ne best of my kr	nowledge the information contained
	I certify under penalty of p	erjury under the laws of the	State of Californ	ia that the foregoing is tr	rue and correc	t.
	Date Signed 03/27/2013		C:	anatura		
	Date Signed	(month, day, year)	31	gnature(File the c	originally signed states	ment with your filing official.)

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Allan Alifano

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Alifano Technologies Inc	
Name	Name
225 Main Street Half Moon Bay CA 94019	
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one ☐ Trust, go to 2 ☑ Business Entity, complete the box, then go to 2	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Computer Sales & Service	·
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999 \$2,000 - \$10,000	\$0 - \$1,999 \$2,000 - \$10,000
\$10,001 \$100,000 ACQUIRED DISPOSED	\$10,001 - \$100,000 ACQUIRED DISPOSED
\$100,001 - \$1,000,000	\$100,001 - \$1,000,000
✓ Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT Inc	NATURE OF INVESTMENT
Partnership Sole Proprietorship 7 Other	Partnership Sole Proprietorship Other
Vous pusivess position Co-Founder	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA	> 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA
SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
S0 - \$499	\$0 - \$499 \$10,001 - \$100,000
\$500 - \$1,000 OVER \$100,000	│
▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
None	None
HBW 637 Main Street Half Moon Bay CA 94019	
<u></u>	
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
☐ INVESTMENT	☐ INVESTMENT ☐ REAL PROPERTY
Alifano Technologies Inc	
Name of Business Entity, if Investment, or	Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property	Assessor's Parcel Number or Street Address of Real Property
225 Main Street Half Moon Bay CA 94019	
Description of Business Activity of City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000	\$2,000 - \$10,000
\$10,001 - \$100,000	\$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Yrs. remaining Other
Check box if additional schedules reporting investments or real property	Check box if additional schedules reporting investments or real property
are attached	are attached
	FPPC Form 700 (2012/2013) Sch. A-2

SCHEDULE C Income, Loans, & Business **Positions** (Other than Gifts and Travel Payments)

CALIFORNIA FORM	700	
CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION		
Name	÷	
Allan Alifano		

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Alifano Technologies Inc	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
225 Main Street Half Moon Bay CA 94019	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Computer Sales & Service	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Co-Founder	·
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000	\$500 - \$1,000 \qquad \$1,001 - \$10,000
☑ \$10,001 - \$100,000 ☐ OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	☐ Salary ☐ Spouse's or registered domestic partner's income
Loan repayment Partnership	Loan repayment Partnership
Sale of	☐ Sale of
(Real property, car, boat, etc.)	Sale of (Real property, car, boet, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
	1
Other (Describe)	Other(Describe)
(Describe)	(Describe)
≥ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERI	OD.
	nding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to
	itus. Personal loans and loans received not in a lender's
regular course of business must be disclosed as follows	5:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
TOWNE OF CHINES	
ADDRESS (Business Address Acceptable)	%
,	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personal residence
	_
	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	
\$500 - \$1,000	City
\$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	Other
	(Describe)
Comments:	